

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						FILING DATE	
						SERIAL NO.	
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
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APPLICANT'S

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CLAIMS

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